



# Monterey County Branch of the National Association for the Advancement of Colored People

## **MEMBER CASH ADVANCE FORM**

Date Requested: \_\_\_\_\_ Requested By: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Purpose: \_\_\_\_\_

Cash advanced to Requestor: \_\_\_\_\_

Item	Description	Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Please Attach Receipts Amount of Reimbursement: \_\_\_\_\_

Minus Cash Advance: \_\_\_\_\_

Amount Owed to the Branch/Reimbursed to the Member: \_\_\_\_\_

Treasurer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Finance Committee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_